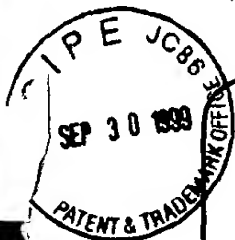


#2 SECTOR
+ \$

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/334,969
Filing Date	June 17, 1999
First Named Inventor	Jakobsen
Group Art Unit	1646
Examiner Name	Not Assigned
Attorney Docket Number	102286.410

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Executed Combined Declaration & Power of Attorney
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Power of Attorney from Assignee
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Hollie L. Baker Reg. No. 31,321
Signature	Hollie L. Baker
Date	September 27, 1999

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 9/27/99

Typed or printed name	Karen Kenney
Signature	Karen Kenney
Date	9/27/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jakobsen and Boulter Attorney Docket No.: 102286.410
Serial No.: 09/334,969
(Continuation Application of PCT/GB99/01583)
Filed: June 17, 1999
For: Multivalent T Cell Receptor Complexes

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Assistant Commissioner for Patents
Washington, D.C. 20231
ATTN: BOX MISSING PARTS

Dear Sir:

In response to the Notice to File Missing Parts of Application mailed on August 2, 1999, filing date granted, applicants submit the following documents for filing in the above-referenced patent application:

1. An executed Combined Declaration and Power of Attorney form;
2. Power of Attorney from Assignee;
3. A copy of the Notice to File Missing Parts of Application; and
4. Return Postcard.

The Commissioner is hereby authorized to debit our Deposit Account No. 08-0219 the surcharge fee of \$130.00 for the Declaration, and to debit the account for any fees necessary to maintain the pendency of this application. The Commissioner is also hereby authorized to credit any overpayment or charge any deficiency to our Deposit Account No. 08-0219.

If there are any questions, please call the undersigned at the telephone number indicated below.

Respectfully submitted,

Hollie L. Baker

Hollie L. Baker
Registration No. 31,321

Date: September 27, 1999

HALE AND DORR LLP
60 State Street
Boston, MA 02109
Telephone: 617-526-6110



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

#3

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
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09/334,969 06/17/99 JAKOBSEN B 102286.410

0212/0802

HOLLIE L BAKER
HALE AND DORR LLP
60 STATE STREET
BOSTON MA 02109

NOT ASSIGNED

1646

DATE MAILED:

08/02/99

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☐ small entity (statement filed) ☒ non-small entity is \$ 130.

☐ 1. The statutory basic filing fee is:

- ☐ missing.
- ☐ insufficient.

Applicant must submit \$ _____ to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☐ 2. The following additional claims fees are due:

\$ _____ for _____ total claims over 20.

\$ _____ for _____ independent claims over 3.

\$ _____ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

☒ is missing or unsigned.

☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application was filed in a language other than English.

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

☐ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Customer Service Center
Initial Patent Examination Division (703) 308-1202

02 Oct 99 / 02 Feb 2000
CA (NP)
LD
04 Aug 99

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